

# ANDOVER DOLLARS FOR SCHOLARS

PO Box 5052  
Andover, MA 01810

## TOWN OF ANDOVER SCHOLARSHIP APPLICATION

Spring 2004

Dear Applicant:

Attached is the application for residents of Andover who wish to be considered for competitive financial grants to further their post-secondary education. Monies from the Town of Andover Scholarship Fund are awarded on the basis of need and/or merit.

What is unique about a Dollars for Scholars scholarship? Students who receive other local scholarships often find that their financial aid package from the institution has been reduced by some percentage of the scholarship. In contrast Dollars for Scholars scholarships may access added value through two unique programs:

1. Collegiate Partners: Colleges and universities that are part of this program have agreed that up to \$2500 of a Dollars for Scholars scholarship will not be deducted from any institutional financial aid packages.
2. Collegiate Matching Partners: Colleges and universities that are part of this program will match scholarship awards made through a Dollars for Scholars program.

The distribution of scholarships is determined by a committee appointed by the Board of Selectmen. To ensure confidentiality, the name and address of the applicant, as well as any other identifying information, will be removed before the application is forwarded to the selection committee. Scholarship winners must agree to have their names and photographs published. Awards will be payable to the selected college or school.

The ***fully completed*** application package, **postmarked no later than May 3, 2004**, should be mailed to:

Andover Dollars for Scholars  
PO Box 5052  
Andover, MA 01810

***Incomplete applications will not be considered.*** If you have questions, please contact:

Nancy Earnley · [neearnley@comcast.net](mailto:neearnley@comcast.net) · (978) 475-0668  
Sue Rice · [srice101@comcast.net](mailto:srice101@comcast.net) · (978) 475-2357

## Please note: Incomplete applications will not be considered.

**Certification:** In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the post-secondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet) to advance the non-profit objectives of Scholarship America and its affiliated programs.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian must also sign if applicant is under 18)

### Applicant General Information:

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

### THE FOLLOWING DOCUMENTS MUST BE PROVIDED.

#### Document Checklist:

\_\_\_\_\_ Completed application      \_\_\_\_\_ SAT I scores  
\_\_\_\_\_ Current official transcript of grades      \_\_\_\_\_ College Award Letter  
\_\_\_\_\_ Financial Assistance Questionnaire\*

\* Although most scholarships are granted on the basis of merit and need, some are granted on merit alone. If you would like to apply for the merit only scholarships, you do not have to complete the financial information.

Additional credit will be given for a letter of recommendation written specifically for this application.

## Personal Data

### Adult Applicant:

Current Occupation	Employer	Length of Employment

### Dependent Student Applicant:

Father's Current Occupation	Employer	Length of Employment

Mother's Current Occupation	Employer	Length of Employment

Number of dependent children in family \_\_\_\_\_

Number of family members attending a post-secondary institution in the next school year \_\_\_\_\_

College/institution you will attend \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Field in which you will major: \_\_\_\_\_

Please circle:

Year in post-secondary program during coming school year:

Undergraduate 1 2 3 4 5 or Graduate 6 7 8

Student will: Live on campus Live off campus Commute

Enrolled: Less than half-time Half-time or more Full-time

Anticipated date of graduation: \_\_\_\_\_

Describe your work experience during the **past 3 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

<b>Position</b>	<b>Date From (Month/Year)</b>	<b>Date To (Month/Year)</b>	<b>Hours Per Week</b>	<b>Amount Earned</b>

List only significant school activities (more than 10 hours per year) in which you participated during the past 4 years (e.g. student government, music, sports, etc.). List all community activities in which you participated without pay during the past 4 years (e.g. Red Cross, church and/or volunteer work). Indicate all special awards, honors. Please use additional paper if needed.

<b>School Activities</b>	<b># of Semesters of Participation</b>	<b>Special Awards, Honors, Offices Held</b>

<b>Community Activities</b>	<b># of Years of Participation</b>	<b>Special Awards, Honors, Offices Held</b>

Make a statement of your plans as they relate to your educational career objectives and future goals.  
Please limit response to space provided.

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## Financial Data

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

Total cost of tuition \_\_\_\_\_ Room and Board \_\_\_\_\_

How much of the coming year's expenses will you contribute from your own savings or earnings?

Dependent Students: How much of the coming year's expenses will your parents contribute from family income and assets? (Do not include parent loans.)

## Personal Statement

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, your participation in school and community activities or your family's financial circumstances.

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## INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE QUESTIONNAIRE

- A. **STUDENT:** The FAQ should be completed by the parent of the applicant. An exception is if the applicant is legally classified as an independent student in which case the independent student must supply their financial information.
- B. **INCOME:** Information on this form should be from your completed tax return filed by this year. Be sure to check the appropriate box.
1. **ADJUSTED GROSS INCOME:** This figure can be found on Line 31 of your IRS Form 1040 and is gross income reduced by specific deductions allowed by law.
  2. **U.S. INCOME TAX PAID:** Includes the total amount of federal income tax to be paid. This is not the amount withheld on your paycheck by your employer. (The amount withheld should be adjusted by refund or additional taxes due.) Do not report state income tax.
  3. **INCOME EARNED** should be reported for both parents. If the student resides with only one parent, financial information from both natural parents should be included if possible. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student or claims the student as a dependent. If necessary, two FAQ forms may be submitted by the student.
  4. **UNTAXED INCOME** and benefits include any other income or benefits not included in the adjusted gross income figure.
  5. **MEDICAL AND DENTAL EXPENSES:** Include only those expenses not paid by insurance.
  6. **CASH, SAVINGS, ETC.:** Included in this figure are liquid assets which can be used for educational expenses. Not included are IRA's or other retirement funds.
  7. **EXEMPTIONS:** Include the number of exemptions claimed on your income tax form.
- C. **ADDITIONAL INFORMATION:** Be sure to check the appropriate box giving the current marital status of the persons for whom financial information is being submitted.
- Include the total number of all family members attending post-secondary school at least half-time. (Post-secondary school includes any two or four-year college or vocational school.) Be sure to include the applicant in this number.
- C. **CERTIFICATION AND SIGNATURES:** This form should be signed by both the student and parent completing the FAQ. Parents' signatures are not required for an independent student. Please read certification.

**Please note that the signatures below will not be seen by the scholarship review committee.**

Certification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official of Dollars for Scholars, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) U.S. and/or state income tax return. I (We) also realize that if (we) do not give proof when asked, the student may not get aid.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Father's signature (Not required for independent student)

\_\_\_\_\_  
Mother's signature (Not required for independent student)

**FINANCIAL ASSISTANCE QUESTIONNAIRE ("FAQ")  
ANDOVER DOLLARS FOR SCHOLARS**

**PARENT'S INCOME, EXPENSE AND ASSET DATA FOR THE YEAR OF:**

**January 1, 2003 to December 31, 2003**

Please have your parent(s) fill in the following section. Note: If legally classified as an independent student, use this section to supply your financial information.

1. Adjusted gross income for 2003 .....\$ \_\_\_\_\_
2. Total U.S. Income tax paid .....\$ \_\_\_\_\_
3. Income earned from work by:  

Wage Earner 1: .....\$ \_\_\_\_\_

Wage Earner 2: .....\$ \_\_\_\_\_
4. Untaxed income and benefits: Social Security, AFDC, ADC, other ...\$ \_\_\_\_\_
5. Medical/Dental expenses not paid by insurance .....\$ \_\_\_\_\_
6. Cash, savings, checking accounts, bonds, cash value of stocks,  
certificates of deposits, notes, etc. ....\$ \_\_\_\_\_
7. Total number of exemptions ..... \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Parent's or independent student's current marital status is: (circle one)

Single      Married      Separated      Divorced      Widowed

Total number of family members who will be attending a post-secondary school at least half time during the 2004-2005 school year, including applicant: \_\_\_\_\_

**REQUIRED: APPLICANT APPRAISAL FOR \_\_\_\_\_**

**To be completed by a high school or college counselor, advisor, instructor, or a supervisor.**

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

*Please circle one answer after each question.*

**The applicant's choice of a post-secondary education program is:**

Extremely appropriate    Very appropriate    Moderately appropriate    Inappropriate

**The applicant's achievements reflect his/her ability:**

Extremely well    Very well    Moderately well    Not well

**The applicant's ability to set realistic and attainable goals is:**

Excellent    Good    Fair    Poor

**The quality of the applicant's commitment to school and community is:**

Excellent    Good    Fair    Poor

**The applicant is able to seek, find and use learning resources:**

Extremely well    Very well    Moderately well    Not well

**The applicant demonstrates curiosity and initiative:**

Extremely well    Very well    Moderately well    Not well

**The applicant demonstrates good problem-solving skills, follows through, and completes tasks:**

Extremely well    Very well    Moderately well    Not well

**The applicant's respect for self and others is:**

Excellent    Good    Fair    Poor

**Comments: Please do not use student's name in your comments.** (Attach additional sheet if necessary)

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\_\_\_\_\_  
Appraiser's signature, title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Appraiser's business address

\_\_\_\_\_  
Date



**OTHER INFORMATION PERTINENT TO  
INDIVIDUAL DOLLARS FOR SCHOLARS SCHOLARSHIPS**

1. High school seniors, are you a member of any of the following organizations?  

<input type="checkbox"/> Varsity Gymnastics	<input type="checkbox"/> Varsity Football	<input type="checkbox"/> Varsity Skiing
<input type="checkbox"/> Varsity Soccer	<input type="checkbox"/> Varsity Hockey	<input type="checkbox"/> Varsity Track
<input type="checkbox"/> Varsity Field Hockey	<input type="checkbox"/> AHS Band	<input type="checkbox"/> AHS Chorus
<input type="checkbox"/> Varsity Swimming/Diving	<input type="checkbox"/> AHS Theater	
2. Veterans or sons/daughters of veterans:
  - a) Have you or your parent(s) served in the Armed Services or Merchant Marines?  
(Please attach a written statement from yourself/parent declaring proof of military enlistment and residency at time of enrollment.)
  - b) Were you or your parent(s) a resident of Andover at time of enlistment? \_\_\_\_\_  
(Andover residents will be given preference.)
  - c) Andover address at time of enlistment: \_\_\_\_\_  
\_\_\_\_\_
  - d) Approximate month and year of enlistment: \_\_\_\_\_
3. Will you be majoring or minoring in any of the following? (Please designate as major or minor.)

<input type="checkbox"/> Theater	<input type="checkbox"/> Social Science	<input type="checkbox"/> Marketing/Business
<input type="checkbox"/> Nursing	<input type="checkbox"/> Science	<input type="checkbox"/> Public Service/Politics
<input type="checkbox"/> Health Sciences	<input type="checkbox"/> Humanities	<input type="checkbox"/> Computer Science
<input type="checkbox"/> Engineering	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Landscaping/Horticulture
<input type="checkbox"/> Secretarial		
4. Are you receiving learning disability (Chapter 766) services this year? \_\_\_\_\_
5. Have you shown outstanding potential, talent or accomplishment in any of the following:  
\_\_ Creative writing    \_\_ Leadership    \_\_ Ecology-conservation    \_\_ Service to others  
Explain briefly in space provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_
6. Is your current home address located in the West Parish section of Andover? \_\_\_\_\_